Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Offender Reentry Program

(Short Title: ORP)

(Initial Announcement)

Request for Applications (RFA) No. TI-13-007

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	**Applications are due by April 16, 2013.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2013 for the Offender Reentry Program grants. The purpose of this program is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced adult offenders returning to the community from incarceration for criminal offenses. Applicants are expected to form stakeholder partnerships that will plan, develop and provide a transition from incarceration to community-based substance abuse treatment and related reentry services. Because reentry transition must begin in the correctional facility before release, limited funding may be used for certain activities in institutional correctional settings in addition to the expected community-based services.

Funding Opportunity Title:	Offender Reentry Program
Funding Opportunity Number:	TI-13-007
Due Date for Applications:	April 16, 2013
Anticipated Total Available Funding:	$4.393 million
Estimated Number of Awards:	Up to 10
Estimated Award Amount:	Up to $430,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2013 for the Offender Reentry Program grants. The purpose of this program is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced adult offenders returning to the community from incarceration for criminal offenses. Applicants are expected to form stakeholder partnerships that will plan, develop and provide a transition from incarceration to community-based substance abuse treatment and related reentry services. Because reentry transition must begin in the correctional facility before release, limited funding may be used for certain activities in institutional correctional settings in addition to the expected community-based services.

The Offender Reentry Program (hereafter referred to as ORP), provides an opportunity for stakeholders to work together to give adult offenders/ex-offenders with substance use and/or co-occurring mental disorders the opportunity to improve their lives, including recovery from substance use and mental disorders and developing the capacity and skills to become parents, employees and citizens in recovery from behavioral health disorders. SAMHSA's interest is to actively support and shape offender reentry treatment partnerships so that clinical needs are met and clients are treated using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional criminal justice model. A long-term goal of this program is to build sustainable systems of care for adults needing substance abuse treatment and recovery support services as they return to the community from incarceration.

In alignment with the goals of SAMHSA's Trauma and Justice Strategic Initiative, this program will help "reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal justice systems". By providing needed treatment and recovery services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

ORP is one of SAMHSA's services grant programs. **(See Appendix L for additional background information.)** SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest. This 4-month start up is provided as a standard because of SAMHSA's need to collect and report performance data for the first year of the program.

ORP grants are authorized under **Section 509** of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA/CSAT is seeking applications that will include a stakeholder partnership of institutional corrections officials with community corrections and community-based treatment and recovery services in order to plan, develop, and implement a continuum of care services from the correctional institution (prison/jail/detention center) to the community setting. Grantees must provide a coordinated approach designed to combine transition planning in the correctional institution (screening and assessment of substance use and/or co-occurring mental disorders and coordination of continued care from institution to community) with effective community-based treatment, recovery and reentry-related services to break the cycle of criminal behavior, alcohol and/or drug use and incarceration or other penalties. Since the stakeholder partnership is expected to begin in the correctional institution applicants should review **Section I-2.3 Allowable Activities in Institutional Correctional Settings**.

This program is designed to address the needs of **sentenced** substance-abusing **adult** offenders/ex-offenders with substance use and/or co-occurring mental disorders who are returning to their families and community from incarceration in state and local facilities including prisons, jails, or detention centers. Grantees must serve individuals who are incarcerated and within four months of release into the community in order to implement the desired continuum of care. **This grant program is not designed to address the needs of individuals in custody or detention settings awaiting adjudication, or sentenced to residential treatment facilities, or in school-based programs.**

Applicants must propose to serve adult offenders/ex-offenders, defined as those offenders, 18 years of age and older (or as defined by your state law) under the jurisdiction of the criminal justice system who have been sentenced to incarceration as adults. If your state jurisdiction uses a different age range for adult offenders, you must document how the age of "adults" is defined in your state justice system.

In addition, the adult offender must meet the following criteria to receive services funded under this grant program:

- Be assessed as substance-using/abusing or diagnosed as having a substance use and/or co-occurring mental disorder;
- Must have been sentenced to and serving at least three months in a correctional institution (jail/prison/detention center);

- Be within four months of scheduled release to the community in order to receive services in the correctional/detention setting (See Section I-2.3 - Allowable Activities in Institutional Correctional Settings); and

- Upon immediate release from the correctional facility to the community, be referred to community-based treatment.

2.1 Required Activities and Services

Offender reentry is the process an offender in an adult correctional facility goes through as he/she transitions from the institution to the community. SAMHSA/CSAT has a substantial interest in funding projects that provide **both services/treatment and systems linkages** for the reentering offender. Applicants must propose to address both of these areas.

Grantees are required to begin allowable activities in institutional correctional settings (**See Section I-2.3 Allowable Activities in Institutional Correctional Settings**) and start transitional planning in the institution as soon as possible, and provide community-based treatment services within four months of grant award.

Services/Treatment

You must use SAMHSA's services grant funds primarily to support allowable direct services. Applicants must propose activities that will improve the behavioral health of the targeted clients by providing comprehensive substance abuse treatment and recovery support services. This includes the following types of activities:

- Providing direct alcohol and drug substance abuse treatment (including screening, assessment, and care management) for diverse populations at risk. Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs. [Note: An applicant proposing to use grant funds for any residential substance abuse treatment services must clearly identify these services or treatment modality as such in Section B of the Project Narrative.]

- Providing "wrap-around"/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and retention. [Note: Grant funds may be used to purchase such services from another provider.]

- Drug testing as required for supervision, treatment compliance, and therapeutic intervention;

- Case management should encompass using a team approach that includes criminal justice supervising authorities, substance abuse treatment professionals, existing treatment alternatives organizations such as TASC or

similar treatment referral and case management models, and law enforcement as appropriate to the community setting;

Please see **Appendix M: Allowable Substance Abuse and/or Co-Occurring Treatment and Recovery Support Services** for a comprehensive but not exhaustive range of collaborative efforts, treatment and recovery support services.

Applicants must screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. [For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to http://www.samhsa.gov/co-occurring/].

Applicants must identify and provide services only to offenders within four months of scheduled release to the community from state and local correctional facilities.

Recognizing that medication-assisted treatment (MAT) may be an important part of a comprehensive treatment plan, SAMHSA ORP grantees may use **up to 20%** of the annual grant award to pay for appropriate medication (e.g., naltrexone, disulfiram, acamprosate calcium, buprenorphine). Grant funds may be used to pay for MAT only when the client has no other source of funds to do so.

There is increasing interest in demonstrating the value of science-based tools to measure the criminogenic risks and behavioral health needs of offender populations in order to develop more effective interventions and criminal justice controls to reduce reoffending and to improve the behavioral health of the individual. SAMHSA is interested in promoting the use of these "Risks, Needs, and Responsivity" (RNR) tools to help prioritize scarce treatment resources for those individuals with the most acute and serious behavioral health needs and criminal justice involvement. Upon award, grantees will be required to implement the specific RNR tools indicated in **Appendix N: The Risk, Needs and Responsivity Model** within the first four months of the first year of the grant. Grantees will be provided guidance and technical assistance for the implementation of the Risk, Need, and Responsivity tools.

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Grantees are strongly encouraged to utilize 3rd party and other revenue realized from provision of services to the extent possible and focus on using SAMHSA grant funds only for services to individuals who are ineligible for public or private health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also encouraged to facilitate the health insurance application and enrollment process for eligible uninsured clients. In addition, grantees are strongly encouraged to include similar stipulations in all contracts with partnering provider organizations. For more information on health insurance and enrollment, please visit http://www.healthcare.gov/marketplace.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF for further information, including the four dimensions of recovery, and 10 guiding principles. SAMHSA requires that grantees demonstrate that people with lived experience (including consumers/peers/people in recovery, youth, and family members) are directly involved in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans particularly in the context of health reform, and to help to clarify these concepts for those applying for funding, providers, grantees, peers/people in recovery, families, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible. Grantees are also expected to address the four dimensions of recovery (health, home, purpose, and community) to the greatest extent possible in their project design and service delivery.

In alignment with the goals of SAMHSA's Strategic Initiative on "Trauma and Justice", grantees are expected to address the impact of violence and trauma by integrating trauma-informed approaches in services or practices delivered to clients. If awarded, grantees will be provided additional training on trauma and trauma informed care in addressing the needs of offenders. Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at http://www.samhsa.gov/traumaJustice.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi

Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

The Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Accordingly, all SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical use of a certified electronic health record (EHR) system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.

In Section F: Electronic Health Record Technology (EHR), of the Project Narrative, applicants are asked either to:

- Identify the certified, EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in Attachment 6 of your application); ***or***
- Describe the plan for the primary provider of clinical services to acquire a certified EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

For more information and resources on EHRs, see Appendix K, Electronic Health Record Resources.

This activity is considered infrastructure development; not more than 15% of the total grant award may be used for infrastructure development activities.

All clients who are considered to be at risk for viral hepatitis (B and C) as specified by the Centers for Disease Control and Prevention (CDC) recommendations for hepatitis B

(CDC, 2008)[1] and hepatitis C (CDC, 1998)[2] must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **No more than $5,000** of grant funds may be used for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Applicants must provide a plan for providing referrals to viral hepatitis testing (if applicable), and to treatment for all clients testing positive for viral hepatitis (B or C) and provide memoranda of agreement demonstrating that you have linkages with appropriate treatment providers in **Attachment 5** of your application.

Grantees must provide the number of viral hepatitis tests purchased with SAMHSA grant funds; number of positive tests; and data on referrals, in the semi-annual progress reports.

If your application is funded, you will be expected to: 1) develop a health disparities impact statement. This statement should utilize grantee data to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and 2) develop a plan to decrease the differences in access, service use and outcomes among those subpopulations. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See **Appendix J: Addressing Behavioral Health Disparities.**)

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.2 Systems Linkages

Upon release of the offender to the community, funds should be used to provide effective, comprehensive substance abuse and related reentry services to the adult offenders/ex-offenders being served. Additionally, applicants must propose activities that support communities in their development of a comprehensive, multi-agency approach to expanding and/or enhancing substance abuse treatment in addition to

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[1] Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis b virus infection. MMWR 2008; 57(No. RR-8): 1-39. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm

[2] Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis c virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 57(No. RR-19): 1-20. http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm

criminal justice supervision to adults leaving incarceration and returning to the community and to their families.

In order to effectively address the expansion and/or enhancement of treatment and recovery services to the offender reentering the community from state and local prison/jail/detention settings, applicants are expected to demonstrate a collaborative partnership between the institutional corrections agency and the community-based organization.

The following represents a comprehensive but not exhaustive range of systems linkage coordination activities to be provided, and for which funds may be used:

- Systems coordination planning and developmental activities that bring all the key stakeholder agencies/organizations together;

- The development of systems linkages and referral sources in the community for offenders/ex-offenders, to include housing;

- Efforts to increase treatment capacity to provide immediate entry for offenders/ex-offenders into substance abuse treatment; and

- Assistance in paying for Department of Labor bonding for employment of the substance-abusing offender (access information at http://www.bonds4jobs.com).

Grantees are also encouraged to provide HIV rapid preliminary antibody testing as part of their treatment regimen. Grantees providing HIV testing must do so in accordance with state and local requirements. **No more than 5%** of grant funds may be used for HIV rapid testing. [**Note**: Grant funds may be used to purchase such services from another provider.]

All clients who have a preliminary positive HIV test result must be administered a confirmatory HIV test result. Post award, applicants must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. Grantees will be required to report the number of HIV tests and counseling sessions purchased with CSAT grant funds; data on rapid and confirmatory test results; and risk behaviors and other data that may be required by CSAT. All data will be collected using a standardized CSAT-approved instrument and reported to a CSAT web-based data collection site.

As appropriate, post award, SAMHSA will provide technical assistance to: train grantee staff in HIV rapid testing; obtain required state certification to conduct on-site testing; develop, as may be required, agreements with state and local health departments regarding HIV testing activities; and develop a case management system for monitoring and tracking.

SAMHSA and the U.S. Department of Justice (DOJ), Bureau of Justice Assistance (BJA) share a mutual interest in supporting and shaping offender reentry-treatment services, as both agencies fund "offender reentry" programs. SAMHSA and BJA have developed formal agreements to further encourage and engage in mutual interests and activities related to criminal justice-treatment issues. In order to reduce duplication of federal funds and to increase federal programs efficiencies, SAMHSA's ORP grantees will be expected to seek out and coordinate with any local federally-funded offender reentry initiatives including "Second Chance Act" offender reentry programs, as appropriate. Applicants are encouraged to review the National Criminal Justice Initiatives Map of all current federal offender reentry and criminal justice grants by state. This may be accessed by visiting the National Reentry Resource Center, a project of the Council of State Governments supported by BJA. (http://www.nationalreentryresourcecenter.org/national-criminal-justice-initiatives-map)

2.3 Allowable Activities in Institutional Correctional Settings

Because the focus is on the return of the offender to the community, the expectation is that most proposed treatment and related reentry services will be provided in the community. [NOTE: Grant funds may not be used to provide substance abuse treatment services within the correctional facilities. **See Appendix F- Funding Restrictions.**

However, recognizing that effective offender reentry requires assessment and release planning while the offender is incarcerated, limited funds (**no more than 15%** of the total grant award) may be used for certain activities inside adult institutional correctional settings for:

- Systems coordination planning and developmental activities that bring together all the key stakeholder agencies/organizations to form partnerships that will plan, develop, and provide substance abuse treatment and related reentry services in the community;

- The development of systems linkages and referral processes in both institutional and communities settings;

- Purchase and/or administration of brief diagnostic and screening tools for identification of substance abuse issues for the targeted offender population;

- Purchase and/or administration of substance abuse instruments for the targeted offender population;

- Intake and/or case management staff with substance abuse treatment expertise to administer assessment instruments and to assist correctional staff in developing the individual offender transition plans for reentry into the community;

- Community-based organizations, including faith-based groups, to go inside the correctional institution to begin wrap around transition planning activities such as, but not limited to, jobs skills planning, building connections to social support structures or educational program planning for community follow-up upon release.

Note: These activities are considered infrastructure development (See Section I-2.7 Infrastructure Development); no more than 15% of the total grant award may be used for infrastructure development activities.

2.4 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.

- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.

- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.

- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: Please see **Appendix F, Funding Restrictions,** regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See **Appendix C** for additional information about using EBPs.

2.5 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in "Section E: Data Collection and Performance Measurement" of your application. Grantees will be required to report performance on the following performance measures: number of individuals served, client's substance use, family and living

condition, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice involvement. This information will be gathered using the CSAT Core Client Outcomes tool which can be found at http://www.samhsa-gpra.samhsa.gov, along with instructions for completing it. In addition to these measures, grantees will be expected to collect and report data on the frequency and type of substance use 90 days prior to incarceration.

Grantees will be required to collect data via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Once data are collected, grantees are required to utilize the Services Accountability Improvement System (SAIS), CSAT's web-based data collection and reporting tool.

Data are required to be submitted within seven (7) business days of their collection. Training will be provided on all aspects of GPRA data collection upon grant award. Hard copies are available in the application packages which are available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an electronic health records (EHR) system to collect and manage most or all client-level clinical information, you should use the EHR to automate GPRA reporting.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.6 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having /will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted on an annual basis. At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.5 and 2.6 above.

2.7 Infrastructure Development (maximum 15% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use **no more than 15%** of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.
- Conducting specified activities outlined in this RFA under **Section I-2.3 - Allowable Activities in Institutional Correctional Settings.**

2.8 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director, Clinical Supervisor and Evaluator) to at least one joint grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. If the grantee is a community-based treatment agency instead of a local or state corrections agency the grantee is encouraged to send a key representative of the corrections agency involved in the ORP partnership. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in conjunction with the annual National TASC Conference and attendance is mandatory. Grantees may determine the current conference location by going to the national TASC website at http://www.nationaltasc.org. Applicants should budget per diem costs for a higher cost geographic region such as Washington, D.C., in order to adequately cover travel and per diem expenses. In addition to travel and per diem costs, you should include funds in your budget to cover any applicable conference registration fees since grantees will attend a joint grantee meeting and the national conference.

II. AWARD INFORMATION

Proposed budgets cannot exceed $430,000 total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely

submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2013 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations
- Urban Indian organizations
- Public or private universities and colleges
- Community- and faith-based organizations

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

The statutory authority for this program prohibits grants to for-profit agencies.

In order to reduce duplication of federal efforts, the Federal Bureau of Prisons (BOP) institutions, and it's various correctional/community corrections facilities and programs, are <u>not</u> eligible to apply for an ORP grant. Additionally, if you propose to serve offenders who are currently in the BOP, or its various correctional/community corrections institutions and programs, your application will not be reviewed and will not be considered for an award.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

2. application submission requirements in Section IV-3 of this document; and

3. formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client substance abuse treatment and mental health services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each mental health/substance abuse treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix D, Statement of Assurance.]

Following application review, if your application's score is within the funding range, the GPO may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and

- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.[3]

- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application package from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA website at http://www.samhsa.gov/grants/apply.aspx.

Additional materials available on this website include:

[3] Tribes and tribal organizations are exempt from these requirements.

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

A complete list of documents included in the application package is available at http://www.samhsa.gov/Grants/ApplicationKit.aspx. This includes:

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA website http://www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the federal grants website (http://www.Grants.gov).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at http://www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. For any registrations in process during the transition period between July 16, 2012 and October 15, 2012, the data that were previously submitted to CCR were

migrated to SAM. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to** https://www.sam.gov.

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix H of this document**.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through F. Sections A-F together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections G through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2, 5 and 6.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1**: (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct substance abuse treatment service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; and (4) letters of commitment and/or support from community substance abuse treatment and (if applicable) mental health organizations supporting the project. The letters should include the roles and responsibilities and demonstrate the commitment to the project.

- **Attachment 2**: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3**: Sample Consent Forms

- **Attachment 4**: Letter to the SSA (if applicable; see Section IV-4 of this document)

- **Attachment 5**: A copy of the memoranda of agreement demonstrating that the applicant has linkages with appropriate treatment providers that will provide viral hepatitis testing, when needed by grant clients.

- **Attachment 6:** A copy of the signed, executed EHR vendor contract, if you have an existing EHR system.

- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA's website with the RFA and provided in the application package.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the face page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's website with the RFA and provided in the application package.

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the face page (SF-424) of the application.

- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, "Type of Application", indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A though D.

- **Documentation of nonprofit status** as required in the Checklist

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screen out Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 16, 2013**.

Your application must be submitted through http://www.Grants.gov. Please refer to Appendix B, "Guidance for Electronic Submission of Applications."

4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.samhsa.gov/grants/management.aspx:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's **ORP** grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- Up to 20% of the annual grant award may be used to pay for appropriate medication as part of Medication-Assisted Treatment (MAT), which includes (e.g., Injectable Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine). Grant funds may be used to pay for MAT only when the client has no other source of funds to do so.
- No more than 5% of grant funds may be used for HIV rapid testing. [Note: Grant funds may be used to purchase such services from another provider.]
- No more than $5,000 of grant funds may be used for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix F.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-F below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-F.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-F) together may be no longer than 30 pages.
- You must use the six sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections G-I and Attachments 1-6 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (16 points)

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.
- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. [Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments,

SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program, including offender reentry program specific data.

- For the proposed project, discuss offender reentry, showing an understanding of the substance abuse relationship to crime, the obstacles to effective reentry, and solutions to the obstacles. Discuss the recent literature and other information that demonstrates a thorough understanding of the substance abuse issues in the proposed population of focus.

- Describe how you will utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds).

- Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured clients.

Section B: Proposed Evidence-Based Service/Practice (21 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.

- Identify any residential treatment services that will be funded within this project. Please include the number of individuals that you propose will be served with residential treatment slots.

- Describe the Evidence-Based Practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See **Appendix C**: Using Evidence-Based Practices (EBPs).]

- Explain how your choice of an EBP will help you address disparities in subpopulations.

- Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP.

- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

Section C: Proposed Implementation Approach (25 points)

- Describe the proposed activities that will improve the behavioral health of the targeted clients. (See Section I-2.1- Required Services and Activities and Appendix M for a comprehensive list of substance abuse treatment and recovery support services),

- Since reentry must begin in the correctional institution, describe the allowable activities you plan to conduct in adult institutional correctional settings (see Section I-2.3 - Allowable Activities in Institutional Correctional Settings of this RFA)**.**

- Describe how you will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- Describe how the proposed service(s) or practice(s) to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches delivered to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at http://www.samhsa.gov/traumaJustice.]

- Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how you will ensure the input of clients in assessing, planning and implementing your project.

- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment and/or support from community organizations supporting the project in **Attachment 1**.

- Describe your plan to implement the use of the required RNR tools.

- If you plan to provide HIV rapid testing, describe your process for offering this service.

- Describe your plan for providing referrals to viral hepatitis testing (if applicable), and to treatment for all clients testing positive for viral hepatitis (B or C).

- Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is change in the operational environment (e.g., staff turnover, change in project leadership, change in judicial oversight) to ensure stability over time.

- State the unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

Section D: Staff and Organizational Experience (14 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

- Provide a complete list of staff positions for the project, including the Project Director, which is identified as key personnel, showing the role of each and their level of effort and qualifications.

- Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

Section E: Data Collection and Performance Measurement (19 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.5 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.

- Describe your plan for conducting the local performance assessment as specified in Section I-2.6 of this RFA and document your ability to conduct the assessment.

Section F: Electronic Health Record (EHR) Technology (5 points)

- If you currently have an existing EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardees or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 6** of your application.

- If you or the primary providers of clinical services do not currently have an existing EHR system, describe the plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a time line for implementation. Be sure to include these costs in your budget. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body; you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a time line.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources).

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other

sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment).

Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, no more than 5% of grant funds may be used for HIV rapid testing, no more than $5,000 of grant funds may be used for viral hepatitis (B and C) testing, no more than to 20% may be used for MAT medication (e.g., Injectable Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so, and no more than 20% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget**. An illustration of a budget and narrative justification is included in Appendix H, Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See Appendix B, Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section G: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director (which has been identified as the key personnel position for this grant) and other positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix G of this document.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application. See Appendix I for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over $150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at http://www.samhsa.gov/grants/management.aspx.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (http://www.samhsa.gov/grants/management.aspx).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
- requirements relating to additional data collection and reporting;
- requirements relating to participation in a cross-site evaluation;
- requirements to address problems identified in review of the application; or
- revised budget and narrative justification.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,* available at http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA website at http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.5, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/Grants/apply.aspx.

VII. AGENCY CONTACTS

For questions about program issues contact:

Jon D. Berg
Public Health Advisor
Targeted Populations Branch, Division of Services Improvement
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1002
Rockville, Maryland 20857
240-276-1609
jon.berg@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.**

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.

- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.

- Information provided must be sufficient for review.

- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (See additional requirements in Appendix B, "Guidance for Electronic Submission of Applications.")

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- Applications should comply with the following requirements:

    - Provisions relating to confidentiality and participant protection/human subjects specified in Appendix I of this announcement

    - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement

    - Documentation of nonprofit status as required in the Checklist.

- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

Beginning in FY 2013, SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

   The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

   The **System for Award Management** (SAM) is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

   SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to** https://www.sam.gov.

   You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** *at* https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

   Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

You can find additional information on the registration process at http://www.grants.gov/assets/organizationregcheck_092112.pdf. The Organization Registration Checklist available at this site provides registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

To submit your application electronically, you may search http://www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the http://www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic

submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-F) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections G-I) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-6) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

New for FY 2013

Applicants are now limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an

active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number
- Name, address, and telephone number of the applicant organization as they will appear in the application
- Applicant organization's DUNS number
- Authorized Organization Representative (AOR) for the named applicant
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be

included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "ORP" in item number 12 on the face page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Face Page (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Using Evidence Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.

- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.

- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.

- Explain why you chose this evidence-based practice over other evidence-based practices.

- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each

evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at http://www.samhsa.gov/ebpwebguide. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's Guide to Evidence-Based Practices also references another SAMHSA website, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see Appendix F, Funding Restrictions, regarding allowable costs for EBPs.]

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] _____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.[4] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

[4] Tribes and tribal organizations are exempt from these requirements.

_____ _____

Signature of Authorized Representative Date

Appendix E – Intergovernmental Review (E.O. 12373) Requirements

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.

- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.

- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.

- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **TI-13-007**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the state, you must submit a Public Health System Impact Statement (PHSIS)[5] to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services

[5] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at http://www.samhsa.gov. A listing of the SSAs for mental health can be found on SAMHSA's website at http://www.samhsa.gov/grants/SSAdirectory-MH.pdf. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA.**" The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-13-007**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

Appendix F – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community) other than those services outlined in Section I-2.3 Allowable Activities in Institutional Correctional Settings. Funding for this purpose may not exceed 15% of the annual grant award.

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Pay for housing other than residential mental health and/or substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.

- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that

is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed $2.50 per person.

- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix G – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix H – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	10%	$6,489
(2) Grant Coordinator	To be selected	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	**$52,765**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

(3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	**$10,896**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) $10,896

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
(2) Local travel		Mileage	3,000 miles@.38/mile	$1,140
			TOTAL	**$2,444**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **$ 0**

E. Supplies: materials costing less than $5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	$900	$900
Printer	$300	$300
Projector	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	**$3,796**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations

for Project Director.
(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$750
(2) Treatment Services	1040 Clients	$27/client per year		$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*****Travel at 3,124 @ .50 per mile = $1,562 *****Training course $175 *****Supplies @ $47.54 x 12 months or $570 *****Telephone @ $60 x 12 months = $720 *****Indirect costs = $9,390 (negotiated with contractor)	$46,167
(4) Jane Smith	Evaluator	$40 per hour x 225 hours	12 month period	$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

(2) Treatment services for clients to be served based on organizational history of expenses.

(3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

(5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	$15/sq.ft x 700 sq. feet	$10,500
(2) Telephone	$100/mo. x 12 mo.	$1,200
(3) Client Incentives	$10/client follow up x 278 clients	$2,780
(4) Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	**$15,815**

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The $10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: http://www.samhsa.gov then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe **(.08 x $63,661)** **$5,093**

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) $172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) $5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
$177,806

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UNDER THIS SECTION REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.
Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see Appendix F, Funding Restrictions, regarding allowable costs.]Provide the total proposed project period and federal funding as follows**:**

Proposed Project Period

a. Start Date:	**09/30/2012**	b. End Date:	**09/29/2017**

BUDGET SUMMARY (should include future years and projected total)

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$10,896	$11,223	$11,559	$11,906	$12,263	$57,847
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,997	$86,997	$86,997	$86,997	$86,997	$434,985
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$172,713	$172,560	$172,403	$172,241	$172,074	$861,991
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **$889,030**

*FOR REQUESTED FUTURE YEARS:

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

   - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

   - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

   - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

   - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

   - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

  - How you will use data collection instruments.

  - Where data will be stored.

  - Who will or will not have access to information.

  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  - Whether or not their participation is voluntary.

  - Their right to leave the project at any time without problems.

  - Possible risks from participation in the project.

  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent

forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, "Sample Consent Forms"**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix J – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: "**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities."** Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see "Sample Health Disparities Impact Statement" at the end of this appendix).

You also will be required to develop a plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have

an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and

health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: http://www.ThinkCulturalHealth.hhs.gov.

Sample Health Disparities Impact Statement:

Access to Services

Based on the general population who will receive services from this grant, the behavioral health outcomes for Latino/Hispanics and African Americans are significantly worse than other groups. We have prioritized the service needs of these populations for this grant and propose to serve the following numbers of clients:

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	400	100	100	100	100
By Race/Ethnicity					
African American	80	20	20	20	20
American Indian/Alaska Native	<20	<5	<5	<5	<5
Asian	<20	<5	<5	<5	<5
White	180	45	45	45	45
Hispanic or Latino	100	25	25	25	25
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	n/a
Two or more Races	unknown	unknown	unknown	unknown	unknown
By Gender					
Female	192	48	48	48	48
Male	208	51	51	51	51
By Sexual Orientation/Identity					

Status					
Lesbian	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	unknown	unknown

Service Use

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service completion rates will be consistent with the access to services projections noted above.

Outcomes

Access and service use data will be used to manage grant implementation activities to improve the behavioral health outcomes of Latino/Hispanic and African American clients by 10% from their baseline performance.

Appendix K – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit: http://www.healthit.gov/providers-professionals

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: http://onc-chpl.force.com/ehrcert

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (http://www.samhsa.gov/HealthPrivacy/). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact: SAMHSA.HIT@samhsa.hhs.gov.

Appendix L – SAMHSA's Interest in Offender Reentry Issues

SAMHSA recognizes that there is a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and the demand for such services. According to the 2010 National Survey on Drug Use and Health (NSDUH), 23.1 million individuals needed treatment for an alcohol or illicit drug use problem. Only 11 percent of these individuals received treatment at a specialty facility in the past year. This disparity is also consistent for criminal justice populations, as estimates show only 8.3 percent of individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision. Approximately one-half of the institutional treatment provided is educational programming (Taxman, NIDA CJDATS, 2007).

Furthermore, a 2007 study by NIDA's Criminal Justice Drug Abuse Treatment Study indicates that offenders have a much higher rate of psycho-social dysfunction including substance abuse disorders than the general population. By providing needed treatment services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Over the past decade, awareness of the need for a continuing care system for adult offenders has grown as States and local communities have struggled with the increasing number of these individuals returning to the community after release from correctional confinement. Reentry into the community and reintegration into the family are risky times for these offenders and their families. Substance abuse treatment for offenders in prison and in the community has been extensively studied and evaluated over the past several years, and the results are consistent and clear – treatment works at reducing crime and recidivism.

SAMHSA/CSAT recognizes the need to successfully return and reintegrate these individuals into the community by providing substance abuse treatment and other related reentry services while also ensuring public safety for the community and family. This program builds on previous and ongoing SAMHSA/CSAT criminal justice program initiatives (e.g., SAMHSA/CSAT FY 2009, 2010 and 2012 ORP and 2008 Adult Criminal Justice Treatment grant programs), incorporating lessons learned to improve program effectiveness.ORP is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging substance abuse problem.

Appendix M – Allowable Substance Abuse and/or Co-Occurring Treatment and Recovery Support Services

Applicants must propose to **expand** substance abuse treatment and recovery support services, to **enhance** substance abuse treatment and outreach and recovery support services, or do both.

1) **Service Expansion:** An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must clearly state in "Section C: Proposed Implementation Approach" of the application the** unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

2) **Service Enhancement:** An applicant may propose to improve **the quality and/or intensity of services,** for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add a co-occurring treatment intervention to the current treatment protocol for a population being served by the program. **Applicants proposing to enhance services must clearly state in "Section C: Proposed Implementation Approach" of the application the number of clients who will receive the** unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

Substance Abuse and/or Co-Occurring Services:

The following represents a comprehensive but not exhaustive range of services/treatment to be provided, and for which funds may be used:

- Screening and a comprehensive individual assessment for substance use and/or co-occurring mental disorders, case management, program management and referrals related to substance abuse treatment for clients

- Alcohol and drug (substance abuse) treatment in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential treatment programs. [**Note:** If you are proposing to use grant funds for any residential substance abuse treatment services you must clearly identify these services or treatment modality as such in Section B of the Project Narrative.]

- Wrap around services supporting the access to and retention in substance abuse treatment or to address the treatment-specific needs of clients during or

following a substance abuse treatment episode (See below under “Recovery Support Services”)

- Individualized services planning

- Drug testing as required for supervision, treatment compliance, and therapeutic intervention

Recovery Support Services:

Community Linkages

Applicants must demonstrate that they have developed linkages with community-based organizations with experience in providing services to these communities.
Examples of possible community linkages include, but are not limited to:

- Primary health care.
- Substance abuse treatment services and where appropriate integrated mental health treatment services for individuals with co-occurring disorders.
- Private industry-supported work placements for recovering persons.
- Faith-based organizational support.
- Mentoring programs.
- Community service.
- Support for the homeless.
- HIV/AIDS community-based outreach projects.
- Opioid treatment programs.
- Health education and risk reduction information.
- Access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

Examples of Recovery Support Services

Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of recovery-oriented systems of care.

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge.

Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training.
- Case management/individual services coordination, providing linkages with other services (legal services, TANF, social services, food stamps, etc.).
- Outreach.
- Relapse prevention.
- Referrals and assistance in locating housing.
- Child care.
- Family/marriage education.
- Peer-to-peer services, mentoring, coaching.
- Life skills.
- Education.
- Parent education and child development.
- Substance abuse education.

Definitions for Recovery Support Services

Transportation: Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider.

Employment Services and Job Training: These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.

Case Management: Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.

Relapse Prevention: These services include identifying a client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

Referrals and Assistance in Locating Housing: This includes referral to local sober houses, access to housing databases, and assistance in locating housing.

Child Care: These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with state laws regarding child care facilities.

Family/Marriage Counseling and Education: Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family re-unification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.

Peer-to-Peer Services, Mentoring, and Coaching: Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Peer mentoring or coaching refers to a one-on-one relationship in which a peer leader with more recovery experience motivates, supports, and encourages another peer in establishing and maintaining his/her recovery. Mentors/coaches may help peers develop goals and action plans, as well as helps them find resources. Recovery support includes an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment and/or recovery support services, and improved functioning in recovery.

Life Skills: Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.

Education: Supported education services are defined as educational counseling and may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning services and support. Vocational training and education also provide support for clients pursuing adult basic education, i.e., general education development (GED) and college education.

Parent Education and Child Development: An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.

Appendix N – The Risk, Needs, and Responsivity Model

Applicants are expected to implement a Risk, Needs, and Responsivity (RNR) Simulation Model that was developed by George Mason University's Center for Advancing Correctional Excellence (ACE!) with support from SAMHSA and the Bureau of Justice Assistance. The model has three main features, 1) Individual Assessment, 2) Program Assessment, and 3) Jurisdiction Capacity Assessment.

RNR Background Information

For people involved in the criminal justice system, assessment and programming should involve not only behavioral health needs but also criminal justice-related issues. Addressing both behavioral health needs/risks and risks of criminal justice involvement in assessment and treatment services is an evidence-based practice (Taxman, 2006; Taxman & Marlowe, 2006; Lowenkamp, Latessa, & Hostlinger, 2006; Andrews & Bonta, 2010.) The notion is that by assessing for criminal and behavioral health factors (i.e. substance abuse, mental health, HIV/AIDS risk factors, trauma, and so forth), the criminal justice system and/or treatment system can be better informed as to the most effective treatment and recovery interventions and criminal justice controls to reduce reoffending and to improve the behavioral health of the individual. The assessment should also include other factors that are referred to as criminogenic needs such as antisocial peers, antisocial cognitions, and, antisocial values/thinking. This evidence-based practice is referred to as the Risk-Need-Responsivity (Model) (RNR) since it is grounded in evidence that targeting people with certain criminal justice risk and behavioral health needs for certain programs is more likely to improve outcomes. (Taxman, Perdoni, & Caudy, 2012; Lowenkamp & Latessa, 2005)

Another component of the evidence-based practice model for those involved in the justice system is the nature of the program and interventions offered to the individual. Essentially, effective programs must be able to address the criminal justice, behavioral health, and criminogenic needs to achieve more positive results. Good quality programs should focus on: Identifying a primary target behavior for cognitive behavioral interventions; increasing the dosage based on the criminal justice risk factors; increasing the dosage and intensity of the intervention based on the criminogenic needs and behavioral health needs; using cognitive behavioral therapy and social learning interventions that focus on assisting with restructuring prosocial thinking; creating an environment where individuals can change; collaborating with justice agencies to ensure that the controls are integrated into the treatment programming; emphasizing motivation to change to build up the individual's commitment to the treatment programming; providing feedback to individuals in the program to ensure long-term success; offering programs and interventions that adhere to the core model, using an evidence-based treatment curriculum, and having staff that are skilled in delivering the services. A good program also has access to reports on process and outcomes. Effective, well-run programs are important to achieving better outcomes.

RNR Framework

The RNR framework focuses on improving outcomes by ensuring that people involved in the justice system are handled in a manner that is likely to yield better outcomes. The framework basically builds on good practices. It requires that individuals involved in the justice system are screened and assessed for criminal justice risk factors, behavioral health needs, and other criminogenic factors. (Most of these criminogenic factors include factors that are clinically relevant that affect how well the person functions in the community such as peer or family issues, substance abuse, housing stability, etc.) It requires that programs should be targeted to certain profiles of individuals with core components. The programs also need to be implemented well. In total, the RNR framework also reinforces the need for jurisdictions to have a range of programs to meet the overall needs of the justice-involved population. The gaps in services need to be identified in order to develop a program and/or system that are responsive. The implementation of all three components of the RNR framework—individual screening and assessment, program quality, and gap analysis—can reduce recidivism and improve behavioral health outcomes. Effective programs can reduce recidivism but systems that offer quality programming and have a variety of programming to meet the risk-needs profiles can be even more effective in reducing recidivism than a single program.

RNR Simulation Model

To help jurisdictions and programs use the RNR framework, George Mason University's Center for Advancing Correctional Excellence (ACE!) with the support of the federal Substance Abuse and Mental Health Services Administration and the Bureau of Justice Assistance developed a decision support system—the RNR Simulation Model--for line staff, supervisors, administrators, and jurisdictions overall. The model has an underlying database of over 100,000 profiles that includes how changes in programming can affect recidivism outcomes. That is, the system tries to meet the full needs of justice and behavioral health agencies (either government or non-profit organizations) by integrating the science around effective screening, assessment, programs, and treatment matching (responsivity) to reduce offending.

This model draws from criminal justice and behavioral health information with three main features:

- **Individual Assessment: What type of programming would this person benefit from?** That question is addressed in this component. Here, the emphasis is using data from criminal justice and behavioral health screening and assessment to determine the most effective intervention to reduce recidivism. If your organization does not have certain information, then the underlying database can be integrated with your own data to make a better decision as to the program of "best fit". The programming recommendations for individual offenders are based on inputted information about the risk, criminogenic needs, and other clinically relevant factors. It estimates a percent reduction in recidivism

that may be expected if the offender is matched to the level of programming that is consistent with their unique needs. This assessment is to be administered to clients; it can be done either as an interview or as a summary of the interview. It is advisable that organizations use their own screening and assessment procedures (and instruments). The 17 item screener uses information from clinical interviews or screening tools. If an organization does not have a tool, then they can use these 17 questions in lieu of the existing tool(s) or it can be used to supplement these tools for any criminogenic needs or clinically relevant factors that are important in supporting treatment matching decisions. That is, the tool uses the underlying data base to complete a risk-need profile. It takes about 10 minutes to complete and enter into a data base.

- **Program Assessment: What type of individual is more likely to have better outcomes from this program? Does this program embrace evidence-based practices? In what way can implementation of this program be improved to achieve better outcomes?** This 30 minute program assessment tool examines the services/treatments offered, program content, quality, dosage, and other factors. Jurisdictions input information about a specific program and the tool rates the program's overall quality according to the RNR principles. When applicable, the tool provides recommendations for how the program can be refined to better achieve responsivity. The three main goals of the program tool are: (1) to classify programs to facilitate treatment matching, (2) to explore how programs currently target the risk level and criminogenic needs of their clients, and (3) to asses programs on their use of evidence-based practices. The tool is intended to help criminal justice and behavioral health agencies better understand the treatment resources that are available to them and to foster responsivity to specific risk-need profiles. .

- **Jurisdiction Capacity Assessment: Does your program have capacity for the individuals that would benefit from the individual? Does the jurisdiction or system have an array of evidence-based programming to meet the needs of individuals in that jurisdiction?** This portal uses data to assess a jurisdiction's capacity to be responsive. Based on data about the prevalence of risk and needs of individuals and then the available programs in your jurisdiction, this portal identifies system-level gaps in the capacity to provide responsivity and estimates expected recidivism reductions when programming is matched to risk and needs at the jurisdictional level. Additionally, this portal makes recommendations regarding what levels of programming jurisdictions may need to augment in order to better respond to the needs of their population.

Implementation of the RNR Simulation Tool

What does it take to implement The RNR Simulation Tool? For each component of the tool, there is a need for a staff member to be trained (2 days) with three booster sessions. Jurisdictions will need to have access to a computer and an Internet browser.

- Individual Assessment is designed for line staff. Line staff will need to be trained to use the tool and then to use the reports. An intake staff member will need to use assessment and screening data available in the system.
- Program Assessment is designed for program administrators or managers. This staff member will need some assistance from a data person or clinical person to provide information about the program.
- Assessment of the Jurisdiction or Capacity is designed for administrators or managers. A data person from the organization will need to gather data. A committee or workgroup can review the data from the system for system planning efforts.

To implement the RNR Simulation Model, applicants should budget for additional staff time for screening and assessment and review of reports. The assessment tool is public domain and grantees will access the GMU website for information, data collection, and reporting.

Additional Resources:

For programmatic questions related to the RNR Simulation Model requirements contact Jon Berg, the Programs Contact, listed in this RFA.

For additional information about the Risk, Needs, and Responsivity Model and implementation in behavioral health and correctional settings applicants are referred to the Council of State Governments' Justice Center Report: '"Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery" at http://consensusproject.org/jc_publications/adults-with-behavioral-health-needs.

Applicants are also referred to the following site for additional information about the RNR Simulation Model: http://www.gmuace.org/tools/

Other additional research citations of interest on RNR concepts and models related to substance abuse treatment and criminal populations include:

Andrews, D. A. & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Cincinnati, OH: Anderson Publishing Co.

Bonta, James and D. A. Andrews. 2007. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada, June. Available at: http://www.publicsafety.gc.ca/res/cor/rep/risk_need_200706-eng.aspx.

Lowenkamp, C.T. & Latessa, E.J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology and Public Policy,* 4(2), 263-290.

Lowenkamp, C.T., Latessa, E.J. & Holsinger, A.M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime & Delinquency,* 52(1), 77-93.

Lowenkamp, C.T., Latessa, E.J. & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology and Public Policy,* 5(3), 575-594.

Osher, F., D'Amora, D.A., Plotkin, M., Jarrett, N., & Eggleston, A (2012). *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*. New York: Council of State Governments.

Taxman, F.S., Perdoni, M.L., & Caudy, M. (2012). The Plight of Providing Appropriate Substance Abuse Treatment Services to Offenders: Modeling the Gaps in Service Delivery. Victims & Offender, 8(1): 70-93.

Taxman, F. S. (2006). Assessment with a flair. *Federal Probation*, 70(2): 3-15.

Taxman, F. S., & Marlowe, D. M (2006). Risk, needs, responsivity: In action or inaction. *Crime and Delinquency*, 52(1): 3-7.